

Indiana Family and Social Services Administration Eligibility Modernization

Community Organization Survey

We would like to continue to keep your organization informed about the modernization initiative, and to notify you of opportunities to enhance the services you offer to your clients. Please complete this short survey **by Mon., Feb. 19**, so that we may provide relevant information for your organization and invite you to upcoming local meetings.

Please note: This form can be completed in Microsoft Word, saved and e-mailed – or, it can be printed and FAXed or mailed (see below for contact information).

Organization Name: _____

Mailing Address: _____

County: _____

Contact Name: _____

Phone: _____

E-mail: _____

County(ies) with office: _____

Counties served: _____

Would you be willing or able to host a meeting of organizations in your community? ☐ Yes ☐ No

If yes, how many people could attend a meeting at your location? _____

Do you have any publications, e-mail updates, or other communications in which it might be appropriate to include information on our project?

☐ Yes ☐ No

If yes, would you accept updates from our project to include in your publication? ☐ Yes ☐ No

If yes, please briefly describe the type of and number of recipients of your publication:

Do you lead/or are you part of a network or group that meets regularly/annually? ☐ Yes ☐ No

If yes, what group and when do they meet?

Are you interested in becoming (or would you like information about becoming) a site for Community Work Experience Program (CWEP) participants? (In the CWEP, IMPACT job training participants are placed as volunteers in your organization to do part-time or full-time work, at no cost to your organization.)

☐ Yes ☐ No

For the purposes of targeting our communications with you, please provide the following information about your organization.

Type of organization:

- | | |
|---|---|
| <input type="checkbox"/> Advocacy organization | <input type="checkbox"/> Religious congregation |
| <input type="checkbox"/> Community center | <input type="checkbox"/> Service provider |
| <input type="checkbox"/> Government agency | |
| <input type="checkbox"/> Other, please specify: _____ | |

Check below all of the services you offer:

- | | |
|--|---|
| <input type="checkbox"/> Case management/service coordination | <input type="checkbox"/> Medical services |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Mentoring and/or tutoring |
| <input type="checkbox"/> Day shelter for the homeless | <input type="checkbox"/> Overnight shelter |
| <input type="checkbox"/> Domestic violence/sexual assault counseling | <input type="checkbox"/> Substance abuse counseling/treatment |
| <input type="checkbox"/> Emergency financial assistance | <input type="checkbox"/> Parenting education |
| <input type="checkbox"/> Emergency food and/or clothing | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> Foster care/adoption | <input type="checkbox"/> Vocational/job training |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> None |
| <input type="checkbox"/> Other, please specify: _____ | |

Generally, what populations do you serve (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Spanish-speaking individuals |
| <input type="checkbox"/> Low-income families | <input type="checkbox"/> Unemployed adults |
| <input type="checkbox"/> Older adults | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Other, please specify: _____ | |

Thank you for completing our survey!

We will provide you with important updates and invitations to local meetings as the initiative continues.

Please e-mail, FAX or mail your completed survey to the following:

E-mail: vcan@us.ibm.com

FAX: (317) 706-2660

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